

14-Day Grievance Review Case Summary Sheet

(A copy of this Summary Sheet will be provided to all participants of the Grievance Review Hearing)

Grievant/Caregiver Name(s): _____

Involved Child(ren)'s Name(s) and Age(s): _____

Grievant's Relationship to Child(ren): _____

1. Date 14-Day Advanced Notice to Caregiver(s) of Placement Change (DCFS 489-3 post-dispo; DCFS 489-7 pre-dispo) was given/issued to the caregiver(s): _____
2. Was the 14-Day Notice delivered in-person or by mail (*additional days are required for mailing; 5 days for in-state, 10 out-of-state, 20 out-of-country*)?
_____ (in-person/ mail)
3. Date of intended/anticipated removal: _____
4. Date the CSW/SCSW first verbally notified caregiver about proposed removal: _____

Please specify if this case is PRE-Disposition or POST-Disposition: _____

5. If PRE-Disposition, was the 14-Day Notice provided to the caregiver at least 14 days prior to the intended replacement? _____ (yes/no)
 - a. If not, please consult County Counsel regarding direction on how to proceed.
6. If POST-Disposition:
 - a. Date Placement Preservation Strategy (PPS) was developed and implemented with the child's Child and Family Team: _____
 - b. Date the PPS was documented in the Contact Notebook: _____
 - c. Date (after implementing the PPS) that notice was provided to the following:
 - i. The child if over age 10: _____
 - ii. The current/existing caregiver: _____
 - iii. The child's parent(s): _____
 - iv. The child's attorney: _____

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Caregiver information:

7. Address, telephone number, email address (if available):

a) Summarize (in 3-5 sentences) any DCFS referrals involving this caregiver, if applicable:

Additional queries:

8. Explain (in 3-5 sentences) why the child and his/her family are involved with DCFS:

9. How long has the child been in out-of-home care and how long has the child resided with this caregiver?

10. When was the most recent Concurrent Planning Assessment (CPA) completed and what was the Permanency Division approved recommendation?

11. Why is the Regional Office recommending removal of this child from the caregiver?

12. What is the Regional Offices' position regarding whom the child should live with based on his/her best interest? Explain why this is in the child's best interest:

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Information regarding the basis for the grievance:

13. Caregiver's view of the proposed removal:

14. Child's view of the proposed removal:

15. Relevant family dynamics, child's special needs (e.g., medical, mental health, developmental, behavioral, etc., if any):

16. Was a Child and Family Team Meeting conducted/considered to address the placement concerns/replacement planning and if so who was present, and what was decided/planned during the meeting?

17. On cases PRE-Disposition, please describe the attempts made to resolve the matter with the current caregiver and results of those attempts:

18. On cases POST-Disposition, please explain why a placement change was necessary after the PPS was developed/implemented:

Information regarding the Dependency Court Case:

19. Court orders regarding placement (if any):

20. Visitation/other placement issues (including siblings, as applicable):

21. Next court date, type of hearing, and planned recommendation:

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Children's Social Worker (signature)

Date

Children's Social Worker (printed name)

Supervising Children's Social Worker (signature)

Date

Supervising Children's Social Worker (printed name)

Assistant Regional Administrator (signature)

Date

Assistant Regional Administrator (printed name)

Email the completed form to GRrequest@dcfs.lacounty.gov